

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Alliance for NV Working Families Office (if applicable) Renov, NV District (if applicable) 89502
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Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**

Period: January 1, 2003 - December 31, 2003

☐ **Report #1 - Due August 31, 2004**

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☐ **Report #2 Due - October 26, 2004**

Period: Aug. 27, 2004 - Oct. 21, 2004

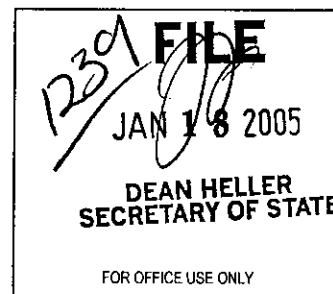
☒ **Report #3 Due - January 15, 2005***

Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

0	\$250,000
0	\$250,000

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)

- Total Value of In Kind Contributions Received in Excess of \$100

0	0
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0	\$250,000
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EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

\$20,690.66	\$270,690.66
0	0
\$20,690.66	\$270,690.66

0	0
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Michael Tibbs

Date 1-15-04

**IN KIND CAMPAIGN
EXPENSES**

Report Period # **3**

Alliance for NV Working Families

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
Time Printing LV, NV		11-18-04	2585.15
Southwest Strategies, Inc. LV, NV	M	11-2	15,000.00
Passkey Systems LV, NV		10-26	3,105.51

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